

## **OERU Policy Instructions**

### **Instructions for Submitting Quarterly Invoices**

The State will progressively allocate funding, in arrears, to counties for actual costs incurred in meeting the objectives in the Statement of Work not to exceed program amounts established under the Request for Plan and Budget (RPFB) line item budget. Reimbursements are subject to approved quarterly invoices and quarterly progress reports.

#### **I. Submission of Quarterly Invoices**

Counties must complete the Quarterly Invoice by providing detailed budget activities expenditures for the specific quarter and fiscal year.

Follow these guidelines for completion of this invoice:

##### **A) Quarterly Invoices Instructions:**

- a. Invoices must be prepared quarterly on the template provide by the State. Download the Quarterly Invoice template from our Website [www.dhs.ca.gov/OERU](http://www.dhs.ca.gov/OERU).
- b. Include, on the spaces provided:
  - County's Name
  - County Allocation Number
  - The current Fiscal Year and Invoice Number
  - Billing Period (specify months)
  - Vendor ID number
- c. Indicate the Approved Budget, Prior Expenses, and Expenses Billed this Quarter, Expended to Date, and Remaining Balance. (Adjustments, Approved Amount sections are for CDHS use only).
- d. Report expenses using whole dollars only. Round fractional dollar amounts or cents to the nearest whole dollar amount.
- e. Ensure that the expenses, services, and materials support the outreach and enrollment plan activities, which correspond with the approved OERU Plan & Budget activities. Reimbursement may only be sought for those expenses and/or expense categories expressly identified as allowable in the allocation agreement and approved by the CDHS.
- f. Personnel expenses- Salary line items:
  - Identify each funded position title or classification.
  - Indicate the number of personnel in each position/classification.
  - Indicate the full time equivalent (FTE) or annual percentage of time/effort for each position (i.e., full time=1.0, ½ time = .50, ¾ time = .75, ¼ time= .25, number of hours, if hourly, etc.).
- g. Invoices must be signed, in blue ink only, by the County's authorized Project OERU Financial Officer and OERU Project Director.
- h. If applicable, subcontractor invoices must be submitted to CDHS as back-up for their charges.
- i. Invoices must be accompanied by a Quarterly Progress Reports. Quarterly Progress Reports must be prepared on the template provided by the State.

The Quarterly Progress Reports template is available at [www.dhs.ca.gov/OERU](http://www.dhs.ca.gov/OERU).

- j. Invoices must be accompanied by the OERU Quarterly Invoice and Progress Report Coversheet prepared on the template provided by the State. The OERU Quarterly Invoice and Progress Report Coversheet template is available at [www.dhs.ca.gov/OERU](http://www.dhs.ca.gov/OERU).
- k. Identify the invoice by using the standard invoice numbering system, which is designed to identify the fiscal year and the quarter claimed. For example, invoice number 06/07-2 is the claim for the second quarter (October 1, 2006-December 31, 2006) of fiscal year 2006/2007.
- l. Submit invoices in both hard copy and electronic format, e-mail to [oeru@dhs.ca.gov](mailto:oeru@dhs.ca.gov).
- m. Include two (2) original signed invoices and six (6) copies mailed to:

California Department of Health Services  
 Medi-Cal Eligibility Branch  
 1501 Capitol Avenue, Suite 71-4001, MS 4607  
 PO Box 997417  
 Sacramento, CA 95899-7417  
 Attention: OERU Unit- Invoice and Quarterly Reports

#### B) Submission Date Charts

Please see charts below for invoice submission dates.

##### Year 1 (2006-2007)

	Invoice Submission Date	Invoice Number	For Expenditures Completed in
1 <sup>st</sup> Quarter	N/A	N/A	N/A
2 <sup>nd</sup> Quarter	Feb 20 2007	06/07-2	Oct-Dec 2006
3 <sup>rd</sup> Quarter	May 15 2007	06/07-3	Jan-Mar 2007
4 <sup>th</sup> Quarter	Aug 14 2007	06/07-4	Apr-Jun 2007

##### Year 2 (2007-2008)

	Invoice Submission Date	Invoice Number	For Expenditures Completed in
1 <sup>st</sup> Quarter	Nov 16 2007	07/08-1	Jul-Sep 2007
2 <sup>nd</sup> Quarter	Feb 18 2008	07/08-2	Oct-Dec 2007
3 <sup>rd</sup> Quarter	May 15 2008	07/08-3	Jan-Mar 2008
4 <sup>th</sup> Quarter	Aug 15 2008	07/08-4	Apr-Jun 2008

### Year 3 (2008-2009)

	Invoice Submission date	Invoice Number	For Expenditures Completed in
1 <sup>st</sup> Quarter	Nov 17 2008	08/09-1	Jul-Sep 2008
2 <sup>nd</sup> Quarter	Feb 18 2009	08/09-2	Oct-Dec 2008
3 <sup>rd</sup> Quarter	May 15 2009	08/09-3	Jan-Mar 2009
4 <sup>th</sup> Quarter	Aug 17 2009	08/09-4	Apr-Jun 2009

#### C) Submitting Corrections and Revisions

##### Corrections:

- All invoices submitted to CDHS for payment are reviewed by staff in the OERU unit.
- If discrepancies are found or additional documentation is required, State staff will contact the County Coordinator. It may be possible to resolve the discrepancies by phone or by the County Coordinator submitting (FAX and/or mail) additional documentation. If this can be accomplished in a few days, the invoice will be held in the OERU unit pending resolution. Otherwise, the invoice(s) will be returned to the County with a written explanation of the reasons it is being returned for correction.
- When the County corrects and returns the rejected invoice, it must identify the resubmitted invoice as a **Corrected Invoice**. The corrected invoice must be identified as a **Corrected Invoice** in the transmittal letter and also in the invoice number.
- The invoice number should reflect the correction by adding a C-1 to the invoice number.
- If subsequent corrections are required, the invoice number will reflect the number of corrections (C-2), etc. For example, 06/07-2 C-1 for the period of service, October 1, 2006-December 31, 2006.

##### Revisions:

- In the event the County must make a revision after the invoice has been paid, the County should recompute the invoice and submit it along with a copy of the original invoice that was paid.
- The revised invoice must be identified as a **Revised Invoice** in the transmittal letter and also in the invoice number (R-1). For example, 06/07-2 R-1 for the period of service October 1, 2006-December 31, 2006.

#### II. Quarterly Progress Reports

Counties must provide Quarterly Progress Reports, which quantify and document progress-to-date on Scope of Work objectives and performance goals for the quarter being reported. For more information on Quarterly Progress Reports please see Attachment 5 of the RFPB. Quarterly Progress Reports must be submitted in conjunction with any invoices submitted by the County. Please see Submission Date Charts above for timely submission.

### **III. Quarterly Invoice and Progress Report Coversheet**

This Quarterly Invoice and Progress Report Coversheet serves as a check-off list for counties to ensure that invoices, subcontractor invoices and progress reports are submitted accurately. The Coversheet must accompany the invoice and progress reports, and it must have an original signature of the authorized OERU Project Financial Officer or the OERU Project Director. The Coversheet template can be downloaded at our website [www.dhs.ca.gov/OERU](http://www.dhs.ca.gov/OERU).

### **IV. Payment Provisions**

The OERU county allocation program is funded through the State General Fund with matching federal funds from the Title XIX Medicaid program and Title XXI States Children Health Insurance Program (SCHIP). This funding can only be used for OERU activities and use of this funding must meet all conditions for claiming Title XIX and Title XXI funding. County allocation funding may be used only to fund activities provided in each of the designated fiscal years and in accordance with the plan and budget for the fiscal year.

The State will allocate funding to the counties in arrears subject to approved quarterly reports and invoices. Counties will submit quarterly invoices that correspond to the approved FY budget that was submitted in response to the Request for Plan and Budget. The quarterly invoices will reflect all expenditures for the relevant quarter for the county's outreach and enrollment plan activities, expenses, services, materials, and support

Reimbursement shall be made for allowable expenses, in two separate checks for each claiming quarter due to two separate sources of funding: Title XIX Medicaid program and Title XXI States Children Health Insurance Program (SCHIP). Checks will be issued approximately 30-45 working days after Program approval.

Reimbursement shall be made for allowable expenses up to the annual amount that commensurate with the state fiscal year in which services are performed. The Counties must maintain records reflecting actual expenditures for each state fiscal year covered by the term of this agreement.

All invoices must be submitted within two years of the end of the quarter being claimed. Invoices submitted for the first time beyond the two-year time frame will be returned without being processed for payment. To comply with this requirement, all invoices must be submitted to the CDHS within eighteen (18) months of the end of the quarter claimed.

#### **A) Recovery of Overpayments**

The CDHS will recover overpayments from the Counties including, but not limited to, payments determined to be:

- In excess of allowable costs;
- In excess of amount usually charged by the County, OERU Coalition Lead Entity or any of its subcontractors;

- For services not documented in records of the County, OERU Coalition Lead Entity or any of its subcontractors;
- For any services where the documentation of the County, OERU Coalition Lead Entity or any of its subcontractors only justifies a lower level of payment;
- Based upon false or incorrect invoices;
- For services deemed to have been excessive, or inappropriate;
- For services not covered in the OERU Plan and Budget;
- For services that should have been billed to other funding sources, other State and federal agency or other governmental entity contract or grant, any private contract or agreement for which the County, OERU Coalition Lead Entity or any of its subcontractors was eligible to receive payment for such services. This includes payments received by Enrollment Entities for applicant assistance reimbursement and Medi-Cal Administrative Activities claiming.

The CDHS has three available options for the recovery of overpayments:

- The County may pay the full amount in one payment.
- The County may arrange with CDHS Accounting Section to make payments. Repayment on this option may not exceed 12 months.
- The County may request that CDHS deduct the amount of overpayment from subsequent invoice(s). Repayment on this method should be made as soon as possible, but shall not exceed 12 months.

The method of recovery will be determined on a case-by-case basis.

Recovery of Overpayment Procedures:

- The OERU Program Manager will discuss with the agency to determine which will be the option of choice.
- The OERU Program Manager will then notify the CDHS' Accounting Section to establish an accounts receivable account for the County.
- The Accounting Section will notify the County of the accounts receivable via an invoice.

#### **B) Inappropriate Use of Funds**

Counties are prohibited from duplicate invoice billing for the Assistance Fees. The County signs the allocation agreement certifying that there is an appropriate plan in place to ensure that state funds will not be inappropriately used. This prohibition shall remain in effect throughout the entire term of this allocation agreement. If the County violates this prohibition, the State may immediately terminate this allocation agreement, and the County must repay the State the amount of all payments received under this allocation agreement and any amounts received as application assistance fees. This prohibition is applicable for the entire term of this contract and is applicable to all Subcontractors/Collaborative Partners.